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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000045189

1. Corporation Name
FLAMINGO PROJECTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 472 FIFTH AVE S
 NAPLES FL 34102

Mailing Address
 P O BOX 566
 NAPLES FL 34106-0566

3. Date Incorporated or Qualified
05/19/1997

2. Principal Place of Business
 21 **5600 Tamiami Tr No**

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number
59-3446497

22 **Suite 1**

27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **Naples FL**

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **34108** 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SINDEBAND, ROBIN L JR.
 472 FIFTH AVE S
 NAPLES FL 34102

10. Name and Address of New Registered Agent
 81 Name **Sindeband, Robin L Jr**
 82 Street Address (P.O. Box Number is Not Acceptable) **5600 Tamiami Tr No, #1**
 83
 84 City **Naples** FL 85 Zip Code **34108**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.
 SIGNATURE *[Signature]* **Robin L Sindeband Jr 2/13/99**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	SINDEBAND, ROBIN L JR.	1.2 NAME	SINDEBAND, ROBIN L JR
STREET ADDRESS	472 FIFTH AVE S	1.3 STREET ADDRESS	5600 TAMIAAMI TR NO, #1
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	NAPLES FL 34108
TITLE	T	2.1 TITLE	T
NAME	TAYLOR, AMY H	2.2 NAME	TAYLOR, AMY H
STREET ADDRESS	5051 CASTELLO DR SUITE 226	2.3 STREET ADDRESS	5185 CASTELLO DR STEZ
CITY-ST-ZIP	NAPLES FL 34103	2.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Robin L Sindeband Jr 2/13/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)